FEC FORM 1

STATEMENT OF ORGANIZATION

FORM 1	_	See instructions	_	Office use only	
NAME OF COMMITTEE (in		ck if name anged)	Example: If typying, type over the lines	12FE4M5	
ILLINOIS COR	N GROWERS ASSOC	IATION POLI	TICAL INYOLVEMENT FU	ND-FEDERAL ND-FEDERAL	ıl
ADDRESS (number and	PO Box 1	623			
(Check if address is changed)	ess Bloomin	gton		IL	
COMMITTEE'C E MAA	I ADDDECC	(CITY	STATE▲ ZIP CODE ▲	
ahodgson@ilc		1 1 1 1 1			
COMMITTEE'S WEB	PAGE ADDRESS (URL)				
www.ilcorn.oi	·g				
COMMITTEE'S FAX N 3098270916	IUMBER				
2. DATE 0.7	1 / D D / Y Y 18 20) 0 7 Y			
3. FEC IDENTIFICA	TION NUMBER	C	C00376590		
4. IS THIS STATEM	IENT NEW (N)	OR	X AMENDED (A)		
I certify that I have exami	ned this Statement and to the	best of my knowl	edge and belief it is true, correct ar	d complete	
Type or Print Name of	Treasurer Ann	_ Hodgson			
Signature of Treasurer	Electronically Filed by	Ann L Hodg	gson	Date 08 / 14 / 20	0 7
NOTE: Submission of fa			subject the person signing this State	ement to the penalties of 2 U.S.C. S437g. WITHIN 10 DAYS	
Office Use Only			For further information of Federal Election Commiss Toll Free 800-424-9530		

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5.	TYPE OF COMMITTEE (Check One)	
	(a) This committee is a principal campaign committee. (Complete the candidate information below.)	
	(b) This committee is an authorized committee, and is NOT a principal campaign committee. (Complete the cinformation below.)	candidate
	Name of Candidate	
	Candidate Party Affiliation Office Sought: House Senate President	State
	(c) This committee supports/opposes only one candidate, and is NOT an authorized committee.	
	Name of Candidate	
		emocratic, epublican,etc.) Party.
	(e) This committee is a separate segregated fund	
	(f) This committee supports/opposes more than one Federal candidate, and is NOT a separate segregated for committee.	und or party
ô.	Name of Any Connected Organization or Affiliated Committee	
	Illinois Corn Growers Association	
L		
	Mailing Address PO Box 1623	
	Bloomington IL IL 6	1702
	CITY▲ STATE ▲	ZIP CODE
	Relationship Connected	
	Type of Connected Organization:	
	Corporation Corporation w/o Capital Stock Labor Organization	iion
	X Membership Organization Trade Association Cooperative	

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Write or Type Committee Name

			NT FUND-FEDERAL

	Custodian of Records: Identify by name, address, (phone number optional), and position of the person in possession of Committee books and records.						
Full Name	Ann L Hod	gson					
Mailing Address PO Box		PO Box 1623	x 1623				
	_	Bloomington			61702	1623	
Title or Position	▼	CITY A	STA	STATE▲		ZIP CODE A	
	Assistant Trea	asurer	Telephone number	309	557 	3257	
name and add	st the name and lress of any des	l address (phone number optional) ignated agent (e.g., assistant treasu	of the treasurer of the	ne commit	tee; and the		
Full Name of Treasurer Kent Kleinschmidt							
	Kent Klein	schmidt					
	Kent Klein	schmidt 2765 1025th Ave					
of Treasurer	Kent Klein				62635		
of Treasurer		2765 1025th Ave	IL_		62635 ZIP CO	DE A	
of Treasurer Mailing Address		2765 1025th Ave Emden				DE ▲	
of Treasurer Mailing Address		2765 1025th Ave Emden CITY A	STA	ГЕ▲	ZIP CO		
of Treasurer Mailing Address Title or Position Full Name of Designated	▼ Treasurer	2765 1025th Ave Emden CITY A	STA	ГЕ▲	ZIP CO		
of Treasurer Mailing Address Title or Position Full Name of Designated Agent	▼ Treasurer	2765 1025th Ave Emden CITY A	STA	Σ17 <u>217</u>	ZIP CO	3361	
of Treasurer Mailing Address Title or Position Full Name of Designated Agent	▼ Treasurer Ann L Hod	Emden CITY A	STA [*] Telephone number	217	ZIP CO	3361	

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9.	Banks or Other Depositories safety deposit boxes or maintain	·	nts, rents
	Name of Bank, Depository, etc.		
	Freesta	ar Bank	
	Mailing Address	1218 Towanda Ave	
		Bloomington IL 617	'01 _

STATE ∠

 $\textbf{ZIP CODE} \quad \triangle$

CITY 🗷

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Banks or Other Deposito safety deposit boxes or ma		other depositories in which the committ	•	
Name of Bank, Depository,	, etc.			[ADDITIONAL]
Mailing Address				
				-
		CITY 🛆	STATE △	ZIP CODE 🛕
		10 "		
Name of Any Connected	d Organization or Affiliate	ed Committee		[ADDITIONAL]
NATIONAL CORN GR	ROWERS ASSOCIATIO	ΟŅ , , , , , , , , , , , , , , , , , , ,		
Mailing Address	632 Cepi Drive			
	Chesterfield		MO	63005 _
		CITY	CTATE A	ZID CODE A
		CITY	STATE A	ZIP CODE A
Relationship Cor	nnected			
Time of Commented Comme	i-ation.			
Type of Connected Organ	iization:			
Corporation	Ц	Corporation w/o Capital Stock	Labor Or	ganization
X Membership Org	anization	Trade Association	Cooperat	ive

Designated Agent		[ADDITIONAL]
Full Name LILILI Mailing Address L		
Title or Position ♥	CITY A	
		elephone number